

**INSTRUCTIONS FOR COMPLETING
ANNUAL REPORT FORM FOR
LIMITED LIABILITY COMPANIES, LIMITED LIABILITY PARTNERSHIPS, and LIMITED PARTNERSHIPS**
Revised 11/13/08

1. **Name of the Limited Liability Company/Limited Liability Partnership/Limited Partnership:** Name as it appears on record. **Please note: the name may not be altered on the report.** Name changes may only be effectuated by filing an appropriate Amendment form.
2. **Business ID:** Unique indexing number assigned by the Secretary of the State that identifies your entity. (This is not a tax ID #).
3. **Due Date:** Reports should be submitted by the date appearing on the report form. Entities that fail to comply will be in statutory default.
4. **Entity Type:** Type of entity— domestic (formed in Connecticut) or foreign (formed outside of Connecticut). The filing fee is noted on the report form.
5. **Mailing Address:**
 - Address to which correspondence is sent.
 - Any changes to the address must be entered in the space provided. (P.O. Boxes are acceptable).
6. **Principal Office Address: To be completed by domestic Limited Liability Companies/domestic Limited Liability Partnerships only.***
 - Address of principal office must appear on the report form.
 - Any changes to this address must be entered in the space provided.
 - Address must include street, town or city, state and postal code.
 - **P.O. Box is unacceptable.**

***Limited Partnership note: Limited Partnerships are required under C.G.S. 34-13b to maintain an office in Connecticut where Limited Partnership records shall be kept. Limited Partnerships must provide this statutory Connecticut address as their principal office address on the report form. (P.O. Box is unacceptable).**
7. **Foreign Office Address: To be completed by foreign entities only.**
 - Office address in state of formation must appear on the report form. If none, principal office address must be listed.
 - Any changes to this address must be entered in the space provided.
 - Address must include street, town or city, state and postal code.
 - **P.O. Box is unacceptable.**
8. **Manager/Member information: To be completed by Limited Liability Companies only (see 2nd page of report).**
 - Must include 2nd page even if there are no changes.
 - The name, title, residence and business address of at least one manager or member of the Limited Liability Company must be listed on the 2nd page of the report form.
 - Make any changes to manager or member information on the 2nd page of the report form.
 - When a manager or member of the Limited Liability Company lacks a business address, the word "none" must be entered on the report form.
 - Address must include street, town or city, state and postal code.
 - **P.O. Box is unacceptable.**
9. **Name and Capacity/Title of Signatory:** Both the name and title of the person signing the report must be printed or typed on the report form.
10. **Signature:** Person named in item number 8 must sign the report in item number 9.
11. **Please provide email address (optional).**

Please make check payable to the Secretary of the State
Secretary of the State's Federal Employee Identification Number 06-6000798
FILE ON-LINE @ www.concord.sots.ct.gov (860) 509-6003

FOR CORPORATIONS SEE REVERSE ➔